

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 10 December 2021

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth and ninth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-47 and as of week 2021-48, 4 247 095 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 54 662 new deaths have been reported.

Since 31 December 2019 and as of week 2021-48, 266 018 810 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 265 092 deaths.

As of week 2021-48, 47 828 589 cases and 858 432 deaths have been reported in the EU.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest daily situation update for the EU/EEA is available [here](#).

Since the last update on 2 December 2021 and as of 9 December 2021, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

For the latest information about variants, please see [ECDC's webpage on variants](#).

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (World) - 2021

Opening date: 3 December 2021

Latest update: 10 December 2021

On 26 November 2021, ECDC classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta variant. WHO also classified the variant as a VOC and assigned it the label Omicron. The number of countries reporting cases with the SARS-CoV-2 Omicron variant of concern (VOC) continues to increase globally.

→Update of the week

As of 9 December 2021, and since 26 November 2021, globally, 2 170 confirmed cases of the Omicron variant have been confirmed in 60 countries. Almost all cases for which there is available information on severity were either asymptomatic or mild.

A daily update on reported cases is available on [ECDC's website](#).

Non EU Threats

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 10 December 2021

Reported influenza activity in Europe is increasing. A detailed report on the current situation is available in this weekly threat report.

→Update of the week

Week 48 2021 (29 November - 5 December 2021)

Influenza activity has been increasing throughout the European Region. In total, 5% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for influenza virus.

Several countries have reported seasonal influenza activity above the 10% positivity threshold in sentinel primary care or hospital settings (Armenia, Israel, Kazakhstan, Kosovo*, Kyrgyzstan, Russian Federation).

Hospitalised cases with confirmed influenza virus infection have been reported from intensive care units and SARI surveillance. Both influenza type A and type B viruses have been detected with a dominance of A(H3) viruses across all monitoring systems and in nearly all SARI cases.

* The administrative boundaries include a spatial feature for Kosovo. The designation 'Kosovo' is without prejudice to position on status, and is in line with United Nations Security Council Resolution 1244 (1999) and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 10 December 2021

On 8 October 2021, the Ministry of Health for the Democratic Republic of the Congo announced a new laboratory-confirmed case of Ebola virus disease (EVD) in Butsili Health Area in Beni Health Zone, North Kivu Province. This Health Area is about 50 kilometres from Butembo city, where the DRC's 12th EVD outbreak occurred in 2021, lasting for around three months until it was declared over on 3 May 2021. The city of Beni is a commercial hub with links to the neighbouring countries of Uganda and Rwanda.

→Update of the week

Since the last report published on 3 December and as of 5 December, no new Ebola virus disease (EVD) cases nor deaths have been reported in North Kivu province in the eastern region of the Democratic Republic of the Congo (DRC). In total, eight confirmed and three probable EVD cases, including nine deaths (six among the confirmed cases), have been reported since the start of the outbreak (8 October 2021). The last confirmed case was reported on 30 October 2021 and all contacts have completed the 21-day follow-up period.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 10 December 2021

Since the disease was first identified in Saudi Arabia in April 2012, over 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since the previous update published on 5 November, and as of 6 December 2021, no new MERS-CoV cases have been reported. The previous report of a death in a case reported by Saudi Arabian health authorities, has been reclassified as recovered.

II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 10 December 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-48, 266 018 810 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 265 092 deaths.

Cases have been reported from:

Africa: 8 774 315 cases; the five countries reporting most cases are South Africa (3 031 694), Morocco (950 591), Tunisia (718 498), Libya (375 468) and Ethiopia (372 215).

Asia: 71 833 335 cases; the five countries reporting most cases are India (34 641 561), Iran (6 134 465), Indonesia (4 257 685), Philippines (2 834 775) and Malaysia (2 658 772).

America: 97 969 790 cases; the five countries reporting most cases are United States (49 085 383), Brazil (22 143 091), Argentina (5 343 074), Colombia (5 082 762) and Mexico (3 900 293).

Europe: 87 041 888 cases; the five countries reporting most cases are United Kingdom (10 464 389), Russia (9 801 613), Turkey (8 881 760), France (7 880 209) and Germany (6 197 016).

Oceania: 398 777 cases; the five countries reporting most cases are Australia (219 118), Fiji (52 562), French Polynesia (46 324), Papua New Guinea (35 662) and Guam (19 270).

Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 224 159 deaths; the five countries reporting most deaths are South Africa (89 966), Tunisia (25 403), Egypt (20 727), Morocco (14 788) and Ethiopia (6 800).

Asia: 1 122 344 deaths; the five countries reporting most deaths are India (473 537), Indonesia (143 867), Iran (130 200), Philippines (49 386) and Malaysia (30 614).

America: 2 366 377 deaths; the five countries reporting most deaths are United States (788 364), Brazil (615 636), Mexico (295 155), Peru (201 421) and Colombia (128 821).

Europe: 1 547 643 deaths; the five countries reporting most deaths are Russia (281 278), United Kingdom (145 605), Italy (134 762), France (123 559) and Germany (103 121).

Oceania: 4 563 deaths; the five countries reporting most deaths are Australia (2 056), Fiji (697), French Polynesia (636), Papua New Guinea (573) and New Caledonia (279).

Other: Six deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-48, 48 140 575 cases have been reported in the EU/EEA: France (7 880 209), Germany (6 197 016), Spain

(5 238 909), Italy (5 104 278), Poland (3 656 428), Netherlands (2 751 783), Czechia (2 246 978), Belgium (1 868 267), Romania (1 772 492), Sweden (1 216 968), Austria (1 198 366), Portugal (1 168 989), Hungary (1 157 649), Slovakia (1 120 261), Greece (969 182), Bulgaria (702 454), Croatia (631 765), Ireland (597 151), Denmark (509 600), Lithuania (464 903), Slovenia (430 839), Norway (288 406), Latvia (257 327), Estonia (225 294), Finland (192 778), Cyprus (135 388), Luxembourg (93 891), Malta (39 424), Iceland (18 634) and Liechtenstein (4 946).

As of week 2021-48, 859 626 deaths have been reported in the EU/EEA: Italy (134 762), France (123 559), Germany (103 121), Spain (88 231), Poland (86 054), Romania (57 153), Hungary (34 541), Czechia (33 770), Bulgaria (28 805), Belgium (27 029), Netherlands (19 668), Greece (18 672), Portugal (18 548), Sweden (15 174), Slovakia (15 004), Austria (12 429), Croatia (11 269), Lithuania (6 682), Slovenia (5 680), Ireland (5 442), Latvia (4 582), Denmark (2 956), Estonia (1 825), Finland (1 360), Norway (1 096), Luxembourg (930), Cyprus (718), Malta (468), Liechtenstein (63) and Iceland (35).

The latest daily situation update for the EU/EEA is available [here](#).

In week 2021-48, in the EU/EEA overall, the reported weekly cases increased by 0.4% compared to the previous week. The highest weekly increases in descending order were observed in France, Norway, Denmark, Malta, and Spain. The countries with the highest 14-day notification rates per 100 000 population are: Slovakia (2 274), Czechia (2 271), Belgium (2 077), Liechtenstein (1 889), and the Netherlands (1 780). Seventeen of the 30 EU/EEA countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Estonia, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Netherlands, Romania, Slovakia, and Slovenia) reported a decrease in the weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 48, eight countries (Czechia, France, Germany, Liechtenstein, Luxembourg, the Netherlands, Norway and Poland) were categorised as of very high concern, 11 countries (Belgium, Bulgaria, Croatia, Cyprus, Denmark, Finland, Greece, Hungary, Ireland, Portugal and Slovakia) as of high concern, 10 countries (Austria, Estonia, Iceland, Latvia, Lithuania, Malta, Romania, Slovenia, Spain and Sweden) as of moderate concern and one country (Italy) as of low concern. Compared with the previous week, three countries (France, Liechtenstein and Luxembourg) moved to a higher category, nine countries (Austria, Belgium, Hungary, Italy, Latvia, Lithuania, Slovakia, Slovenia and Spain) moved to a lower category and 18 countries stayed in the same category.

For the latest COVID-19 country overviews, please see the [dedicated webpage](#).

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eight](#) and [ninth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 4 July 2021 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

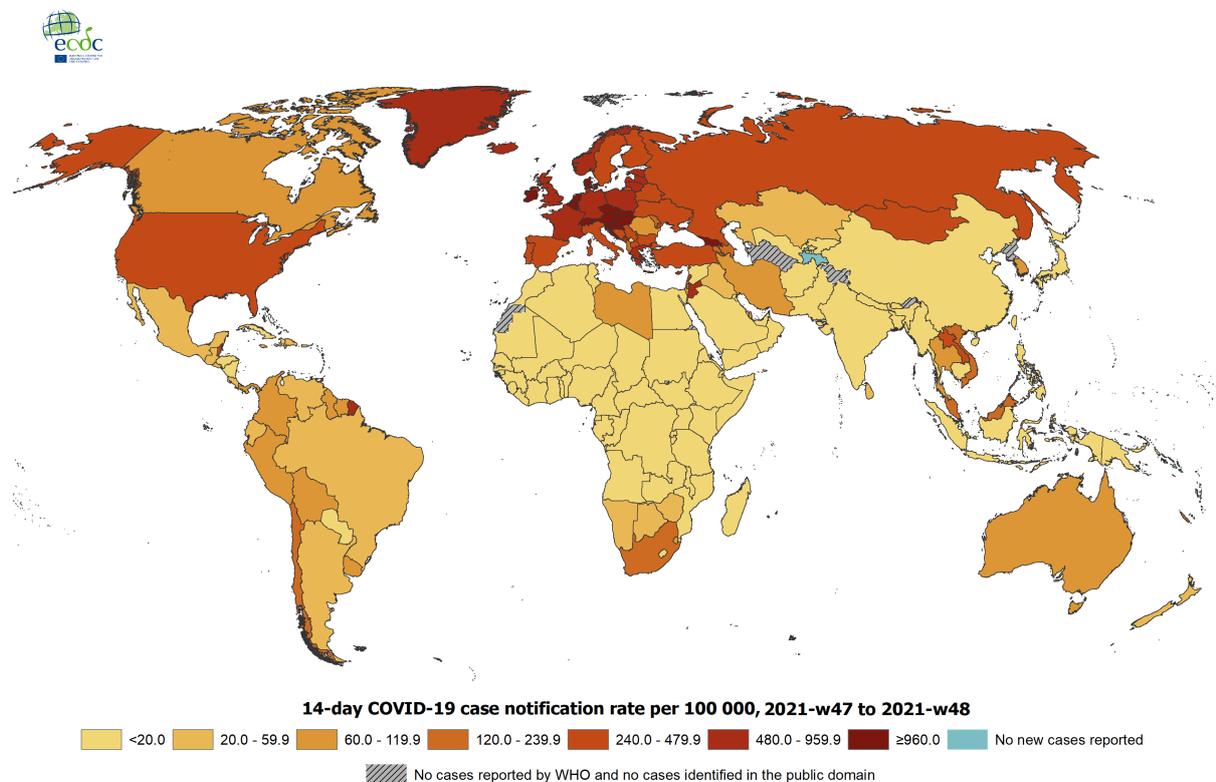
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

On 24 November 2021, ECDC published the [rapid risk assessment](#), 'Assessment of the current SARS-CoV-2 epidemiological situation in the EU/EEA, projections for the end-of-year festive season and strategies for response, 17th update'. A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest rapid risk assessment on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w47 to 2021-w48

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Date of production: 08/12/2021

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (World) - 2021

Opening date: 3 December 2021

Latest update: 10 December 2021

Epidemiological summary

As of 9 December 2021, and since 26 November 2021, globally, 2 170 confirmed cases of Omicron variant have been confirmed (an increase of 1 755 cases since 2 December 2021) in 60 countries. In the European Union and European Economic Area (EU/EEA) 499 confirmed cases have been reported by 21 countries: Austria (17), Belgium (30), Croatia (3), Czechia (5), Denmark (154*), Estonia (25), Finland (9), France (37), Germany (28), Greece (3), Iceland (20), Ireland (1), Italy (13), Latvia (5), Liechtenstein (1), the Netherlands (36), Norway (43), Portugal (37), Romania (2), Spain (14) and Sweden (16) according to information from public sources. In addition, a number of probable cases are reported in several countries.

* Denmark reported 154 cases as confirmed through whole genome sequencing and 642 as confirmed nationally through a variant-specific PCR.

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Although cases reported initially were linked to travel, an increasing number of cases are now being reported as acquired within the EU/EEA, including as part of clusters and outbreaks, with cases also being detected in representative surveillance systems. There are indications that undetected community transmission could be ongoing in EU/EEA Member States.

All cases for which there is available information available on severity were either asymptomatic or mild. There have been no Omicron related deaths reported so far. These figures should be assessed with caution as the number of confirmed cases is too low to understand if the disease clinical spectrum of Omicron differs from that of previously detected variants.

Countries and territories outside of the EU/EEA have reported 1 671 confirmed cases. The 39 countries reporting confirmed cases are: Argentina, Australia, Bermuda (UK), Botswana, Brazil, Canada, Chile, Cuba, Hong Kong Special Administrative Region, Fiji, Ghana, India, Israel, Japan, Kuwait, Lebanon, Malaysia, Maldives, Mexico, Namibia, Nepal, Nigeria, Russia, Saudi Arabia, Senegal, Sierra Leone, Singapore, South Africa, South Korea, Sri Lanka, Switzerland, Thailand, Tunisia, Uganda, United Arab Emirates, United Kingdom, United States of America, Zambia and Zimbabwe.

For the latest information about variants, please see [ECDC's webpage on variants](#).

ECDC assessment

ECDC has classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta variant. Several cases reported in the EU/EEA are imported, however there are indications that community transmission is ongoing in a number of countries. Cases are asymptomatic or mild in terms of symptoms.

At the moment, there is considerable uncertainty related to the transmissibility, vaccine effectiveness, risk of reinfection and other properties of the Omicron variant. However, given its immune escape potential and possible increased transmissibility advantage compared to Delta, we assess the probability of further introduction and community spread in the EU/EEA as high. In a situation where the Delta variant is resurgent in the EU/EEA, the impact of the introduction and possible further spread of Omicron could be very high. In conclusion, the overall level of risk for the EU/EEA associated with the SARS-CoV-2 variant Omicron is assessed as high to very high.

Actions

ECDC is continuously monitoring the situation through Epidemic Intelligence. TESSy reporting for B.1.1.529 has been implemented. A daily update on reported cases is available on the [ECDC website](#).

ECDC published a Threat Assessment Brief on 26 November 2021 - '[Emergence of SARS-CoV-2 variant B.1.1.529](#)' and is actively monitoring, assessing and reporting about the situation with the Omicron variant. ECDC published the Threat Assessment Brief '[Implications of the emergence and spread of the SARS-CoV-2 B.1.1.529 variant of concern \(Omicron\) for the EU/EEA](#)', on 2 December 2021.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 10 December 2021

Epidemiological summary

2021/2022 season overview

For the Region as a whole, influenza activity has been increasing, with different levels of activity across the countries and areas of the European Region with a dominant circulation of A(H3) viruses.

While influenza activity, based on patients in sentinel primary care settings testing positive for influenza infection, has remained below the epidemic threshold of 10% set for the Region, positivity at 10% or above has been observed in some countries.

Sources: [Flu News Europe](#)

ECDC assessment

Reported influenza activity is increasing.

Vaccination remains the best protective measure for prevention of influenza. With dominant A(H3) circulation, clinicians should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance to prevent severe

outcomes.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the [Flu News Europe](#) website.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 10 December 2021

Epidemiological summary

Since the start of the outbreak (on 8 October 2021), and as of 5 December 2021, 11 EVD cases (eight confirmed and three probable), including nine deaths (six among confirmed cases), have been reported in the North Kivu province in the eastern region of the DRC. The index case was a three-year-old male who developed symptoms of EVD in early October 2021 and subsequently died. EVD was confirmed on 8 October by RT-PCR. The last known confirmed case was reported on 30 October 2021 and discharged on 4 November. All contacts that were being monitored have completed the 21-day follow-up period.

Initial genomic sequencing at INRB Pathogen Genomic Sequencing laboratory in Kinshasa indicates that these EVD cases probably represent a flare-up event from the 2018-2020 North Kivu/Ituri outbreak. All confirmed cases have been reported from three of the 18 Health Areas in Beni Health Zone: Butsili (six cases), Bundji (one case), and Ngilinga (one case). Children below the age of five years account for 50% (4/8) of the confirmed cases.

According to the WHO AFRO bulletin (W49), since the start of the vaccination activities 1022 persons have been vaccinated.

Source: [WHO AFRO tweet \(03.11.2021\)](#), [WHO HQ, virological.org EBOV sequencing report](#), [Media, WHO AFRO Bulletin \(W44\)](#), [WHO DRC tweet \(26.10.2021\)](#), [WHO AFRO Bulletin \(W45\)](#), [WHO DRC tweet \(09.11.2021\)](#), [WHO DRC tweet \(10.11.2021\)](#), [WHO AFRO Bulletin \(W46\)](#), [WHO AFRO Bulletin \(W47\)](#), [WHO AFRO tweet \(24.11.2021\)](#), [WHO AFRO Bulletin \(W48\)](#), [WHO AFRO Bulletin \(W49\)](#)

ECDC assessment

This is the second EVD outbreak reported in North Kivu, Democratic Republic of the Congo (DRC) in 2021 (see the Threat Assessment Brief published on 22 February 2021 for more information on the previous outbreak in 2021). Further spread of the virus cannot be excluded. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as malaria and meningitis) might challenge the response operations.

The age distribution of these EVD cases is unusual, as half of them are children. Investigations are ongoing to identify the source of the outbreak.

Although disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. The current risk for EU/EEA citizens living in or travelling to Beni Health Zone in the DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions

ECDC is monitoring the situation through its epidemic intelligence activities. ECDC published the threat assessment brief [Outbreak of Ebola virus disease in North Kivu, DRC](#) on 22 February 2021, in which options for response measures are described.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 10 December 2021

Epidemiological summary

From 1 January 2021 to 6 December 2021, 14 MERS-CoV cases have been reported in Saudi Arabia (13) and the United Arab Emirates (1), including five deaths. In Saudi Arabia, all were primary cases, nine of whom reported contact with camels. These 13

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cases were reported in Riyadh (8), Makkah (3), and the Eastern Province (2).

Since April 2012, and as of 6 December 2021, 2 595 cases of MERS-CoV, including 941 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#) | [WHO DON](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

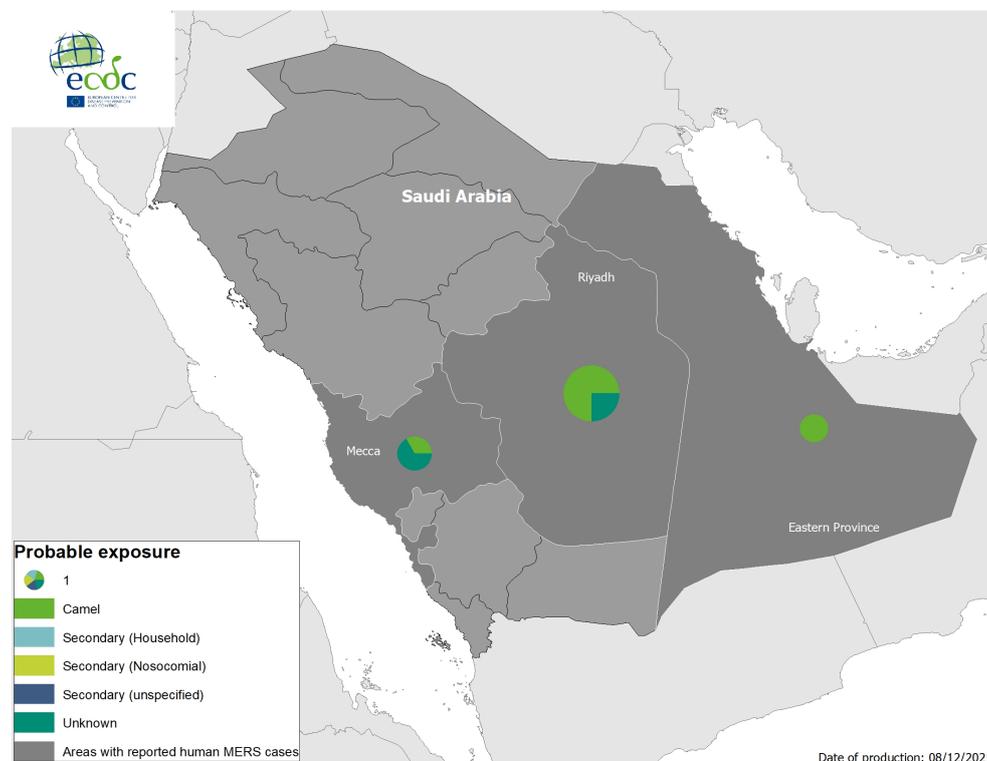
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

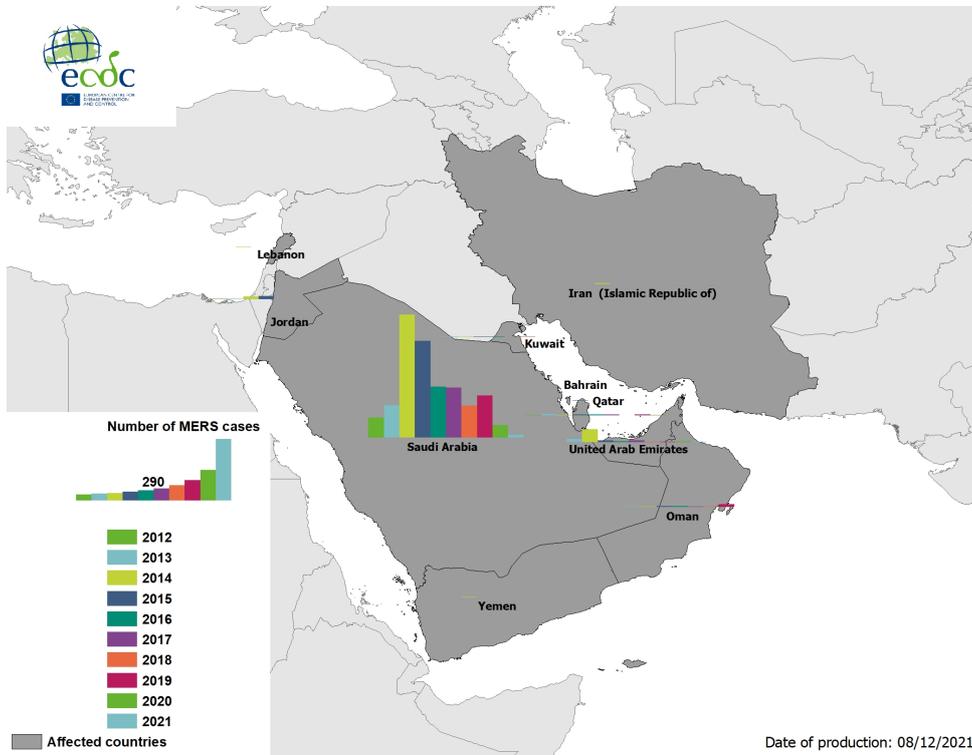
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 6 December 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 6 December 2021

Source: ECDC



The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.